



**County of Los Angeles - Department of Health Services
Comprehensive Perinatal Services Program**



FREE CPSP TRAINING

DOMESTIC VIOLENCE : SPOUSAL & PARTNER ABUSE

WHAT: “DOMESTIC VIOLENCE : SPOUSAL & PARTNER ABUSE”
Review of mandatory domestic violence reporting laws; includes assessment, intervention, referral, reporting and documentation requirements.

WHO SHOULD ATTEND: The supervising physician and all other staff who provide patient care at CPSP certified sites.

WHERE: Superior Court Building
600 S. Commonwealth Ave. 8th Fl. Conference Room B
Los Angeles, CA 90005

WHEN: This training will be offered for two of the following days:

November 06, 2003 8:00 a.m.- 12:00 noon	November 18, 2003 12:00 noon - 4:30 p.m.
8:30 a.m. - 9:00 a.m. Registration	12:30 p.m. - 1:00 p.m. Registration
9:00 a.m.- 10:30 a.m. Presentation by Leah Aldrige, Associate Director Los Angeles Commission on Assaults Against Women (LACAAW)	1:00 p.m.- 2:30 p.m. Presentation by Leah Aldrige, Associate Director Los Angeles Commission on Assaults Against Women (LACAAW)
10:30 a.m. - 10:45 a.m. Break	2:30 p.m. - 2:45 p.m. Break
10:45 a.m. - 12:00 noon Presentation (cont.)	2:45 p.m. - 4:00 p.m Presentation (cont.)

**Due to the limited amount of space available, the maximum amount of individuals that will be allowed to attend each session will be set at 55. Early registration is recommended.

**HOW: Fax to: (213) 637-8291 or Mail to: CAPP - Attention: Sandra Guine,
600 So. Commonwealth Ave., Suite 800, Los Angeles, CA 90005**



2.5 CME/CEU Credits will be offered to those that apply.

This program is sponsored by a accredited CMA-CME provider and is not commercially supported.
FOR MORE INFORMATION: Sandra Guine, LCSW, 213/639-6442.



Course Description:

This course is intended to provide CPSP providers with an overview of the dynamics, assessment and treatment of spousal and partner abuse.

Objectives:

At the end of this course participants will be able to:

1. Review and gain a better understanding of the spousal and partner abuse problem.
2. Define domestic violence as a serious social and public health problem.
3. Discuss mandatory domestic violence reporting laws: including assessment, intervention, referral, reporting and documentation requirement.
4. Discuss community resources available for those persons involved in domestic violence situations.
5. Discuss the cultural factors and same gender abuse dynamics related to spousal and partner abuse.

Educational Methods: Lecture, Group Discussion, and Audio visual.

Credit Information

Participants arriving more than 15 minutes late for a 1 hour program or 30 minutes late for a 2 hour (or More) program will not be granted CME nor CEU credits. Partial credit will not be awarded.

PHYSICIANS/ NURSES-CME: The Perinatal Advisory Council: Leadership Advocacy and Consultation (PAC/LAC) is an approved provider of continuing medical education. Physicians attending this course may report up to 2.5 hours of Category I toward the California Medical Association’s Certificate in Continuing Education and the American Associations Physician’s Recognition Award. PAC/LAC is also an approved provider by the California Board of Registered Nursing (Provider Number CEP 5862). Nurses may report 2.5 contact hours of continuing education credit.

LCSWs AND MFTs: This course is approved for 2.5 Continuing Education Units by the Board of Behavioral Science Examiners (Provider No. PCE 2356).

All CMEs and CEUs will be distributed to participants at the end of the program.

Due to limited enrollment, **Advance Registration is recommended.** To confirm, return the registration form via fax or mail to the address indicated. Confirmation will be sent upon receipt of the completed form.

REGISTRATION FORM

Name: _____

Professional Title: _____

Provider: _____

Address: _____ City _____ Zip _____

Telephone No.: () _____ - _____ Fax No.: () _____ - _____

Please indicate which of the following dates you would like to attend:

___ November 06, 2003 8:00 a.m. - 12:00 p.m. or ___ November 18, 2003 12:00 pm - 4:30 pm

Are you requesting CME’s/ CEU’s? ___yes ___no

If yes, please provide us with your license number: _____

